



9-12 Feedback Form

Stop the Silence. Help End the Violence.

Date: _____ Grade Level: _____
District: _____
Building: _____
Presenter: _____

Please complete and return to
Attorney General staff at the end
of the presentation.

1. What did you like best about the presentation?
2. How can we improve the presentation?
3. Was the presentation an appropriate length for the age of your students?
☐ Yes
☐ No If no, what is an appropriate length?
4. Was the overall presentation age appropriate?
☐ Yes
☐ No If no, what should be changed?
5. Was the presenter well prepared and motivating?
☐ Yes Comments:
☐ No
6. Please rate your presenter.
(1 = lowest; 5 = highest)

1 2 3 4 5

7. Were the videos useful and appropriate?

Perspectacles

- ☐ Yes Comments:
☐ No

What is OK2SAY? Student PSA

- ☐ Yes Comments:
☐ No

Bullying is a Factor in Some Deaths by Suicide

- ☐ Yes Comments:
☐ No

Out of Your Hands

- ☐ Yes Comments:
☐ No

It's OK2SAY - Keenan West

- ☐ Yes Comments:
☐ No

***Please provide any other feedback or
comments relating to the content of the
program.***

Name and Contact Information (optional):

**If you would like to provide additional
feedback, please email us at: agcp@mi.gov**